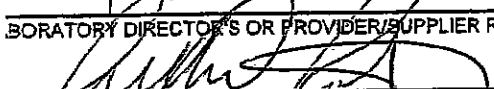


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/04/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555853</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VETERANS HOME OF CALIFORNIA - BARSTOW</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EAST VETERANS PARKWAY BARSTOW, CA 92311</b>	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  K3 Building: 01 K6 Plan Approval: January 17, 2002 K7 Survey Under: 2000 Existing  The facility is comprised of the 300 and 700 wings of a one story, Type V, fully sprinklered building.  The census is 76 residents.  The following represents the findings of the Department of Public Health, Life Safety Code Unit, during a Life Safety Code Survey of the facility, using the NFPA 101 2000 Edition (existing) of the Life Safety Code. The facility was surveyed under 42 CFR 483.70(a) for Long Term Care Facilities.  Representing the Department of Public Health:	K 000	Preparation and execution of this plan of correction in no way constitutes an admission or agreement by the Veterans Home of California-Barstow of the truth of the facts alleged in this statement of deficiencies and plan of correction. This plan of correction is submitted to comply with State and Federal law. This plan of correction serves as our credible allegation of compliance.	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, . 19.3.5.1  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the building construction for 3 of 8 smoke compartments as evidenced by unsealed penetrations within the facility walls. These could result in the spread of smoke and fire throughout the facility and the increased risk of injury to the residents due to smoke and fire.	K 012	K 012 NFPA 101 Life Safety Code Standard: It is the policy of the Veterans Home of California-Barstow to maintain all walls clean and free from penetration holes.  <u>Corrective Action</u> On May 14, 2009 an inspection of the holes in the walls that were identified for non- compliance with regulatory standards were evaluated by Plant Operations. The holes were repaired immediately in the Electrical room, 700 wing Room 323 and TV area 400 pod 300 wing. Also, on May 21, 2009 in- service training was provided to all plant operation personnel regarding recognizing, repairing and monitoring for hole penetrations. (K 012 cont. on next page)	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Assistant Hospital Administrator	6/12/09

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution provides sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 012	Continued From page 1  Findings:  During the facility tour with the facility staff on May 13, 2009, the facility's walls were observed.  1. At 11:46 a.m., in the Electrical room, 700 wing, there was an approximately one and one-half inch round penetration in the front wall.  2. At 12:06 p.m., in Room A323, 300 wing, there was an approximately one and one-half inch round penetration in the front wall.  3. At 12:35 p.m., in the TV area, 400 pod, 300 wing, there was an approximately one inch round penetration in the left wall.	K 012	<u>Procedure for identifying other areas potentially effected</u> As all facility rooms and corridors are potentially affected, on May 13 and June 8, 2009 Plant Operations staff inspected all facility rooms and corridors for wall penetrations. No additional deficiencies were noted.  <u>Systemic Changes and Quality Assurance Monitoring</u> The Chief of Plant operations will conduct a monthly audit to assess for penetrations throughout the facility. Moreover, visual inspections for penetrations will also be added to the preventive maintenance program of the facility. These audits and inspections will be documented and presented at the quarterly Quality Assurance Committee for review and further corrective action. The Standards Compliance Coordinator and the Chief of Plant Operations will monitor for compliance.	
K 018	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	<u>K 018 NFPA 101 Life Safety Code Standard: It is the policy of the Veterans Home of California-Barstow to maintain fire doors that comply with regulatory standards, which include a positive latch mechanism when closing and corridor doors that are free from objects that enable them to close freely.</u>  <u>Corrective Action</u> On May 14, 2009 an inspection of doors in Rooms A814, A717, 700 wing and Rooms A311, A324, 300 wing were immediately repaired by Plant Operations. Adjustments (K 018 cont. next page)	

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K 018	Continued From page 2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the corridor doors for 4 of 8 smoke compartments as evidenced by corridor doors which failed to positive latch upon closure and a corridor door that was held open in an unauthorized manner. This could result in the spread of smoke and fire throughout the facility and the increased risk of injury to the residents due to smoke and fire.  Findings:  During the facility tour with the facility staff on May 13, 2009, the corridor doors were observed.  1. At 11:05 a.m., in the Storage room (A814), 700 wing, the corridor door failed to positive latch upon self closure.  2. At 11:43 a.m., in the Nurse's office (A717), 700 wing, the corridor door failed to positive latch upon self closure.  3. At 12:05 p.m., in the Laundry room (A311), 300 wing, the corridor door failed to positive latch upon self closure.  4. At 12:13 p.m., in the Shower room (A324), 300 wing, the corridor door failed to positive latch upon self closure.  5. At 12:31 p.m., in Room A402, 300 wing, the corridor door was held open with a door wedge.	K 018	were done to correct the malfunction. The door of room A402 was adjusted to allow it to stay opened freely without a wedge. Also, on May 21, 2009 in-service was provided to all plant operation staff on proper procedure for adjustment of doors.  On June 9, 2009 in-service training was provided to all nursing, housekeeping and plant operations staff on the importance of not placing objects in front of fire doors to prevent them from closing  <u>Procedure for identifying other doors potentially effected</u> Please note, as all fire doors are potentially affected, an inspection was conducted on May 14, and June 8, 2009 of all facility fire doors for compliance of regulatory standards, of a positive latch when closed. No further deficiencies were noted.  On May 14, 2009 an inspection was conducted of all corridor doors for use of any objects that were placed under the doors that would not allow them to close freely. No further deficiencies were noted.  <u>Systemic Changes and Quality Assurance Monitoring</u> In order to enhance currently compliant operations, the Chief of Plant operations will inspect all self-latching doors monthly. The inspections will be documented and presented to the quarterly Quality Assurance Committee meeting for review and evaluation for further corrective action. The Chief of Plant Operations and the Standards Compliance Coordinator will monitor for compliance. (K 027 starts next page)	
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 027		

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NAME OF PROVIDER OR SUPPLIER

VETERANS HOME OF CALIFORNIA - BARSTOW

STREET ADDRESS, CITY, STATE, ZIP CODE  
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K 027	Continued From page 3  Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1 1/4-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain 1 of 7 sets of smoke barrier double doors as evidenced by a smoke barrier door leaf that failed to positive latch upon closure. This could result in spread of smoke and fire from one smoke compartments to the adjacent smoke compartment and the increased risk of injury to the residents due to smoke and fire.  Findings:  During the facility tour with the facility staff on May 13, 2009 at 10:45 a.m., the smoke barrier double doors outside of Room A807, 700 wing, 1 of 2 door leafs failed to positive latch upon self closure.	K 027	<i>K 027 NFPA 101 Life Safety Code Standard: It is the policy of the Veterans Home of California-Barstow to provide a smoke barrier double door to close with a positive latchet in case of a fire.</i>  <u>Corrective Action</u> On May 14, 2009 smoke barrier double door leafs located outside A807 were repaired by maintenance staff. Also, on May 21, 2009 in-service was provided to all plant operations staff regarding inspection and repair of facility smoke barrier double doors.  <u>Procedure for identifying other doors potentially affected</u> Please note, as all smoke barrier double doors are potentially affected, an inspection by Chief of Plant Operations was conducted on May 14, and repeated on June 8, 2009 of all facility smoke barrier double doors to test that door leafs worked properly. No further deficiencies were noted.  <u>Systemic Changes and Quality Assurance Monitoring</u> In order to enhance currently compliant operations, the Chief of Plant operations will inspect all latching door mechanisms of smoke barrier double doors on a monthly basis. These inspections will be documented and presented to the quarterly Quality Assurance Committee meeting for review and evaluation for further corrective action. The Chief of Plant Operations and the Standards Compliance Coordinator will monitor for compliance.  (K 050 starts next page)	
K 050 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD  Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are	K 050		

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K 050	Continued From page 4 qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2  This STANDARD is not met as evidenced by: Based on record review, the facility failed to conduct fire drills at least quarterly for 1 of 3 shifts as evidenced by the facility failure to provide records for 2 of 12 required fire drills for 2008 - 2009. This could result in the failure of any one facility staff member from accomplishing all of the tasks expected of him or her in the event of a fire and the increased risk of injury to the residents due to a fire.  Findings:  During record review with the facility staff on May 13, 2009 at 9:47 a.m., the facility failed to provide a record for a second quarter 2008 and first quarter 2009 PM shift fire drill.	K 050	K 050, NFPA 101 Life Safety Code Standard: It is the policy of the Veterans Home of California-Barstow to maintain a fire system that is installed, tested, and records maintained.  <u>Corrective Action:</u> On May 13, 2009 the missing fire drill report, which included the 2 <sup>nd</sup> quarter of 2008, PM shift and the 1 <sup>st</sup> quarter of 2009, PM shift were located and placed in the designated binder in Plant Operations and Health and Safety.  <u>Procedure for identifying other residents potentially affected</u> As all residents are potentially affected, the Veterans Home of California-Barstow will take corrective action in relation to all residents. Therefore, no procedure for identifying potentially affected residents is necessary.  <u>Systemic Changes and Quality Assurance Monitoring</u> In order to enhance currently compliant operations, the Chief of Plant Operations/or designee, will visually inspect all fire drill reports submitted by testing personnel. After completion, the reports will be placed in the designated binder with a copy being given to the Health and Safety Officer to monitor compliance. A monitoring tool will be used by the Health and Safety Officer to track compliance with this process on a monthly basis and reports will be presented to the quarterly Quality Assurance Committee meeting for review and evaluation for further corrective action. The Standards Compliance Coordinator will monitor for compliance. (K 062 starts next page)		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the fire sprinkler system in 1 of 8 smoke compartments as evidenced by a sprinkler that was missing an escutcheon ring. This could	K 062			

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K 062	Continued From page 5 result in the spread of a fire throughout the facility and the increased risk of injury to the residents due to a fire.  Findings:  During the facility tour with the facility staff on May 13, 2009 at 11:40 p.m., in the Med room within the Nurse Station, 700 wing, 1 of 1 sprinklers was missing an escutcheon ring leaving an approximately four inch round penetration surrounding the sprinkler head.	K 062	<i>K 062 Life Safety Code Standard:</i> <i>It is the policy of the Veterans Home of</i> <i>California-Barstow to maintain all</i> <i>equipment including the Escutcheon rings</i> <i>around the fire system ceiling sprinklers, in</i> <i>compliance with regulatory standards.</i>	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the designated oxygen storage areas for 1 of 8 smoke compartments as evidenced by the storage of combustible materials with oxygen tanks within a designated oxygen storage area. This could result in the increased risk of fire within the facility and the increased risk of injury to the clients due to a fire.	K 076	<u>Corrective Action</u> On May 14, 2009 the Chief of Plant Operations made an inspection of the Escutcheon rings in the Medication room of the 700 unit and immediately corrected the deficiency.  <u>Procedure for identifying other Escutcheon</u> <u>rings potentially affected</u> As all Escutcheon rings around the fire system sprinkler rings are potentially affected, on May 14, and repeated on June 8, 2009 the Chief of Plant Operations and designee made an inspection of all of the Escutcheon rings. One ring in room A719 was repaired and replaced as a preventative measure. No other deficiencies noted.  <u>Systemic Changes and Quality Assurance</u> <u>Monitoring</u> The Chief of Plant operations has now placed inspections of Escutcheon rings for necessary repairs on a monthly preventive maintenance program, with the monitors being presented to the quarterly Quality Assurance Committee meeting for review and evaluation for further action. The Chief of Plant Operations and the Standards Compliance Coordinator will monitor for compliance.  (K 076 starts next page)	

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K 076	<p>Continued From page 6</p> <p>NFPA 99 Health Care Facilities (1999) 8-3.1.11 Storage Requirements. 8-3.1.11.2 Storage for nonflammable gases less than 3000 ft<sup>3</sup> (85 m<sup>3</sup>). (a) Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. (b) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with flammable gas, liquid, or vapor. (c) Oxidizing gases, such as oxygen and nitrous oxide, shall be separated from combustibles or incompatible materials by either:</p> <ol style="list-style-type: none"> <li>1. A minimum of 25 ft (6.1 m), or</li> <li>2. A minimum of 5 ft (1.5 m) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 1, Standard for the Installation of Sprinkler Systems, or</li> <li>3. An enclosed cabinet of noncombustible construction having a minimum fire protection rating of one-half hour for cylinder storage. An approved flammable liquid storage cabinet shall be permitted to be used for cylinder storage.</li> </ol> <p>(d) Liquefied gas container storage shall comply with 4-3.1.1.2(b)4. (e) Cylinder and container storage locations shall meet 4-3.1.1.2(a)11e with respect to temperature limitations. (f) Electrical fixtures in storage locations shall meet 4-3.1.1.2(a)11d. (g) Cylinder protection from mechanical shock shall meet 4-3.5.2.1(b)13. (h) Cylinder or container restraints shall meet 4-3.5.2.1(b)27.</p>	K 076	<p>K 076 NFPA 101 <i>Life Safety Code</i> <i>Standard:</i> <i>It is the policy of the Veterans Home of California-Barstow to maintain fire safety including rooms where the oxygen tanks are stored to be free from combustible material.</i></p> <p><u>Corrective Action</u> On May 13, 2009 at the time of discovery by the Health Facility Evaluator I, the cardboard box was removed to comply with regulatory standards. In order to enhance currently compliant operations, all nursing staff received in-service training regarding regulatory requirements pertaining to proper storage in Oxygen storage areas, which was completed June 10, 2009.</p> <p><u>Procedure for identifying other areas potentially effected</u> Since all rooms where oxygen tanks are stored can be affected, on May 14, 2009, all medical gas/oxygen storage areas were inspected and no further deficiencies were noted.</p> <p><u>Systemic Changes and Quality Assurance Monitoring</u> In order to enhance currently compliant operations a weekly monitor will be conducted by the licensed nurse to observe for compliance of regulatory standards concerning storage in oxygen equipment rooms. This monitor will be presented by the Director of Nurses (DON) or designee to the quarterly Quality Assurance Committee meeting for review and further corrective action. The Director of Nurses and the Chief of Plant Operations will monitor for compliance. (K 076 cont. next page)</p>	

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K 076	Continued From page 7 (i) Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 20 ft (6.1 m) of outside storage locations. (j) Cylinder valve protection caps shall meet 4-3.5.2.1(b)14. Findings: During the observation of the oxygen cylinder storage rooms with the facility staff on May 13, 2009 at 11:34 a.m., in Oxygen Storage room, 700 wing, there was a cardboard box containing paper refuse stored within approximately twelve inches of nine 'e' oxygen tanks.	K 076	Also, rounds will be conducted on a weekly basis by the Health and Safety officer as well as the Standards Compliance Coordinator to monitor compliance. This additional audit will be presented to the quarterly Quality Assurance Committee for review and further corrective action.	
K 077 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD  Piped in medical gas systems comply with NFPA 99, Chapter 4.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain their medical gas systems as evidenced by the facility failure to provide a record of periodic testing of the gas system. This could result in the unexpected failure of the medical gas system and cause injury to the residents relying on the gas system..  Findings:  During record review with the facility staff on May 13, 2009 at 9:28 a.m., the facility provided a medical gas system test report dated April 15, 2008. There was no current document of testing of the system.  The facility staff member 1 stated on May 13, 2009 at 9:29 a.m., that the medical gas system	K 077	<u>K 077 NFPA 101 Life Safety Code Standard:</u> <i>It is the policy of the Veterans Home of California-Barstow to maintain our medical gas system and provide periodic testing with documentation.</i>  <u>Corrective Action</u> Please note, the facility has contracted with Sierra Medical Gas Testing, from San Clemente, to conduct the certification testing required by NFPA 99, Chapter 4, on or before July 3, 2009.  <u>Procedure for identifying other residents potentially affected.</u> As all residents are potentially affected, VHC-Barstow will take corrective action in relation to all residents. No procedure for identifying other residents potentially affected is necessary.  <u>Systemic Changes and Quality Assurance Monitoring</u> The Chief of Plant Operations or designee will inspect and operate the system monthly to verify it is in proper working order. The (K 077 cont. next page)	



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K 077	Continued From page 8 annual system certification test had already been scheduled but had not been accomplished by the time of the survey. Facility staff member 1 stated that the medical gas system was present and operational in the 300 and 700 wings of the building.	K 077	monthly inspection reports will be presented to the quarterly Quality Assurance meeting for review and further corrective action. The Standard Compliance Coordinator will monitor for compliance	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the electrical system for 2 of 8 smoke compartments as evidenced by the use of interconnected surge protectors and the use of a three outlet electrical adaptor without over current protection. These could result in the increased risk of an electrical fire within the facility.  NFPA 70 National Electric Code (1999 edition)  400-7. Uses Permitted  (a) Uses. Flexible cords and cables shall be used only for the following:  (1) Pendants (2) Wiring of fixtures (3) Connection of portable lamps, portable and mobile signs, or appliances (4) Elevator cables (5) Wiring of cranes and hoists (6) Connection of stationary equipment to facilitate their frequent interchange (7) Prevention of the transmission of noise or vibration	K 147	<i>K 147 NFPA 101 Life Safety Code Standard:</i> <i>It is the policy of the Veterans Home of California-Barstow to maintain electrical safety including monitoring patient rooms for compliance of approved electrical outlet plugs.</i>  <u>Corrective Action</u> On May 13, 2009 at the time of discovery by the Health Facility Evaluator I, the unauthorized three-outlet plug in Room A1007, and additional power strip in Room A405, were removed to comply with regulatory standards.  <u>Procedure for identifying other residents potentially effected</u> As all residents are potentially affected, the Veterans Home of California-Barstow will take corrective action in relation to all residents. Please note, On May 20, 2009, all nursing staff, Housekeeping staff and Plant Operations staff received a refresher in-service training on Life-Safety, Electrical-Safety,  <u>Systemic Changes and Quality Assurance Monitoring</u> The Health and Safety Officer and Standards Compliance Coordinator will make weekly rounds to inspect that NFPA 70 National Electric Codes are being followed. The (K 147 cont. next page)	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555853	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  05/13/2009
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NAME OF PROVIDER OR SUPPLIER

VETERANS HOME OF CALIFORNIA - BARSTOW

STREET ADDRESS, CITY, STATE, ZIP CODE

100 EAST VETERANS PARKWAY  
BARSTOW, CA 92311

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K 147	<p>Continued From page 9</p> <p>(8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for the flexible cord connection</p> <p>(9) Data processing cables as permitted by Section 645-5</p> <p>(10) Connection of moving parts</p> <p>(11) Temporary wiring as permitted in Sections 305-4(b) and 305-(4c)</p> <p>400-8. Uses Not Permitted. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces</p> <p>(5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>Findings:</p> <p>The electrical wiring and equipment was observed with the facility staff on May 13, 2009.</p> <p>1. At 11:56 a.m., in Room A1007, there was one surge protector that connected the TV to a second surge protector which was connected to</p>	K 147	<p>results of these safety rounds will be documented and presented at the quarterly Quality Assurance committee for further review and corrective action.</p>	

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K 147	Continued From page 10 the electrical outlet (piggy back).  2. At 12:33 p.m., in Room A405, there was a three outlet electrical adaptor without over-current protection that connected an appliance to the electrical outlet.	K 147		

**DEPARTMENT OF VETERANS AFFAIRS**  
**VETERANS HOME OF CALIFORNIA-BARSTOW**  
10 E. VETERANS PARKWAY  
BARSTOW, CALIFORNIA 92311-7003  
(760) 252-6200



June 19, 2009

Ms. Colleen Reeves  
Department of Public Health  
Licensing and Certification  
Life Safety Code Unit  
464 West 4<sup>th</sup> Street, Suite 529  
San Bernardino, CA 92401

Dear Ms. Reeves:

This letter is to transmit our addendum to the plan of correction for the Life and Safety Code survey conducted on May 13, 2009. Our plan of correction will serve as the facility's credible allegation of compliance.

If there are any questions, or if additional information is required, please contact Ms. Christina Barnes, Standards Compliance Coordinator, at (760) 252-6258.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jaime J. Todd'.

JAIME J. TODD, LNHA  
Administrator

Attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 000	INITIAL COMMENTS  K3 Building: 01 K6 Plan Approval: January 17, 2002 K7 Survey Under: 2000 Existing  The facility is comprised of the 300 and 700 wings of a one story, Type V, fully sprinklered building.  The census is 76 residents.  The following represents the findings of the Department of Public Health, Life Safety Code Unit, during a Life Safety Code Survey of the facility, using the NFPA 101 2000 Edition (existing) of the Life Safety Code. The facility was surveyed under 42 CFR 483.70(a) for Long Term Care Facilities.  Representing the Department of Public Health:  Salvador C. Navarro, HFE I	K 000	Preparation and execution of this plan of correction in no way constitutes an admission or agreement by the Veterans Home of California-Barstow of the truth of the facts alleged in this statement of deficiencies and plan of correction. This plan of correction is submitted to comply with State and Federal law. This plan of correction serves as our credible allegation of compliance.	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the building construction for 3 of 8 smoke compartments as evidenced by unsealed penetrations within the facility walls. These could result in the spread of smoke and fire throughout the facility and the increased risk of injury to the residents due to smoke and fire.	K 012	<i>K 012 NFPA 101 Life Safety Code Standard:</i> <i>It is the policy of the Veterans Home of</i> <i>California-Barstow to maintain all walls</i> <i>clean and free from penetration holes.</i>  <u>Corrective Action</u> On May 14, 2009 an inspection of the holes in the walls that were identified for non- compliance with regulatory standards were evaluated by Plant Operations. The holes were repaired with 3M Fire Barrier 2000+ Silicone Sealant, immediately in the Electrical room, 700 wing Room 323 and TV area 400 pod 300 wing. Also, on May 21, 2009 in-service training was provided to all plant operation personnel regarding recognizing, repairing and monitoring for hole penetrations. (K 012 cont. on next page)	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution provides sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 027	Continued From page 3 Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain 1 of 7 sets of smoke barrier double doors as evidenced by a smoke barrier door leaf that failed to positive latch upon closure. This could result in spread of smoke and fire from one smoke compartments to the adjacent smoke compartment and the increased risk of injury to the residents due to smoke and fire.  Findings:  During the facility tour with the facility staff on May 13, 2009 at 10:45 a.m., the smoke barrier double doors outside of Room A807, 700 wing, 1 of 2 door leafs failed to positive latch upon self closure.	K 027	<i>K 027 NFPA 101 Life Safety Code Standard: It is the policy of the Veterans Home of California-Barstow to provide a smoke barrier double door to close with a positive latchet in case of a fire.</i>  <u>Corrective Action</u> On May 14, 2009 smoke barrier double door leafs located outside A807 were repaired by adjusting the latching mechanism, which allowed the doors to latch properly and comply with regulatory standards. Also, on May 21, 2009 in-service was provided to all plant operations staff regarding inspection and repair of facility smoke barrier double doors.  <u>Procedure for identifying other doors potentially affected</u> Please note, as all smoke barrier double doors are potentially affected, an inspection by Chief of Plant Operations was conducted on May 14, and repeated on June 8, 2009 of all facility smoke barrier double doors to test that door leafs worked properly. No further deficiencies were noted.  <u>Systemic Changes and Quality Assurance Monitoring</u> In order to enhance currently compliant operations, the Chief of Plant operations will inspect all latching door mechanisms of smoke barrier double doors on a monthly basis. These inspections will be documented and presented to the quarterly Quality Assurance Committee meeting for review and evaluation for further corrective action. The Chief of Plant Operations and the Standards Compliance Coordinator will monitor for compliance. (K 050 starts next page)	
K 050 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD  Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are	K 050		

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K 062	Continued From page 5 result in the spread of a fire throughout the facility and the increased risk of injury to the residents due to a fire.  Findings:  During the facility tour with the facility staff on May 13, 2009 at 11:40 p.m., in the Med room within the Nurse Station, 700 wing, 1 of 1 sprinklers was missing an escutcheon ring leaving an approximately four inch round penetration surrounding the sprinkler head.	K 062	<i>K 062 Life Safety Code Standard:</i> <i>It is the policy of the Veterans Home of</i> <i>California-Barstow to maintain all</i> <i>equipment including the Escutcheon rings</i> <i>around the fire system ceiling sprinklers, in</i> <i>compliance with regulatory standards.</i>  <u>Corrective Action</u> On May 14, 2009 the Chief of Plant Operations made an inspection of the Medication room of the 700 unit and replaced the missing Escutcheon ring, to comply with regulatory standards.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the designated oxygen storage areas for 1 of 8 smoke compartments as evidenced by the storage of combustible materials with oxygen tanks within a designated oxygen storage area. This could result in the increased risk of fire within the facility and the increased risk of injury to the clients due to a fire.	K 076	<u>Procedure for identifying other Escutcheon rings potentially affected</u> As all Escutcheon rings around the fire system sprinkler rings are potentially affected, on May 14, and repeated on June 8, 2009 the Chief of Plant Operations and designee made an inspection of all of the Escutcheon rings. One ring in room A719 was repaired and replaced as a preventative measure. No other deficiencies noted.  <u>Systemic Changes and Quality Assurance Monitoring</u> The Chief of Plant operations has now placed inspections of Escutcheon rings for necessary repairs on a monthly preventive maintenance program, with the monitors being presented to the quarterly Quality Assurance Committee meeting for review and evaluation for further action. The Chief of Plant Operations and the Standards Compliance Coordinator will monitor for compliance.  (K 076 starts next page)	